

OPS APPOINTMENT INFORMATION

The information below is required in order to determine if a new OPS hire is eligible for benefits under the Patient Protection and Affordable Care Act (PPACA).

Employee's Name: _____ Date of Hire: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

Race: _____ Gender: _____ County Where Employed: _____

Please provide answers to the questions below:

1. Is this a seasonal appointment? Yes _____ No _____

Please Note: The federal definition of "seasonal employee" is one who performs labor on a seasonal basis where, ordinarily, the employment pertains to or is of the kind exclusively performed at certain seasons or periods of the year and which, from its nature, may not be continuous or carried on throughout the year (e.g., Christmas, Summer employment).

2. Please provide the total number of hours the employee is expected to work per week for this appointment. Hours per week: _____

Please include this form in your new employee packet that is forwarded to us. If you have any questions please contact Monica Thomas at Monica.Thomas@justiceadmin.org.